

Rev
02/2019

United States District Court for the Eastern District of Missouri Non-Appropriated Fund

REQUEST FOR COMPENSATION OF SERVICES AND REIMBURSEMENT OF OUT-OF-POCKET EXPENSES

Assigned Judge: Cristes Leonie Case Number: 1:21 CV - 00160 - ACL
 Case Title: Haynes v. Williams
 Name of Party Represented: Charles Haynes Date appointed: 1-25-22
 Request for (check one) Interim Payment ~~Final Payment~~
 Check box if previous payments have been made in this case: G Amount previously paid: \$
 Judgment Entered? Yes No If yes, Date of Judgment:
 If applicable, date of order granting leave to withdraw: Has a fee award been made to you in this case?

Attorney's Name: Cira Duffe Make check payable to: Attorney Firm
 Firm or Business Name: Hartmann, Duffe & Pegram, LLC
 Street Address: 101 E. Columbia St
 City/State/Zip: Farmington, MO 63640 Phone: 573-756-8082

Claim for Services

Please refer to the instructions for Completing Request for Compensation of Services and Reimbursement of Expenses for time keeping

In Court:	Hours Claimed	Total Amount Claimed
Conferences		
Hearings		
Trial		
Other (specify on additional worksheet)		
(RATE PER HOUR = \$)		
IN COURT TOTALS:		
Out of Court:		
Interviews and Conferences	<u>1.6</u>	<u>252.80</u>
Discovery	<u>9.9</u>	<u>1564.20</u>
Legal Research and Brief Writing	<u>21.5</u>	<u>3397.00</u>
Travel Time	<u>—</u>	<u>0-</u>
(RATE PER HOUR = \$ <u>150.00</u>)		
OUT OF COURT TOTALS:		<u>33.0</u> <u>5214.00</u>
OVERALL TOTALS:		
TOTAL COMPENSATION CLAIMED:		<u>\$ 5,214.00</u>

(Note: The maximum compensation for attorney's fees for any one appointment in a civil case is \$5,000)

Itemized Expenses

Please refer to the Administrative Order - Attorney Admission Fee Non-Appropriated Fund governing the disbursement of funds for Services and Expenses Incurred by attorneys appointed to represent indigent parties in civil proceedings pursuant to 28 U.S.C. Section 1915(e) for guidance on allowable itemized expenses

Depositions and Transcripts	\$	<u>0-</u>
Investigative, Expert or Other Services	\$	<u>0-</u>
Travel Expenses	\$	<u>0-</u>
Service of Papers/Witness Fees	\$	<u>0-</u>
Interpreter Services	\$	<u>0-</u>
Photographs, Photocopies, Telephone Toll Calls, Data Charges	\$	<u>76.00</u>
Other (Please attach description)	\$	<u>0-</u>

TOTAL EXPENSES CLAIMED: \$ 76.00TOTAL AMOUNT CLAIMED: \$ 5290.00

I swear to (or affirm) the truth and correctness of the above statements and that the work performed was, in my best judgment, necessary for the adequate preparation of the above-named case. Further, I swear (or affirm) that this request is made in the absence of other sources of prepayment or reimbursement and that if any attorney fees are otherwise recovered, I shall return an equivalent amount to the District Court fund.

Cira Duffe Attorney's Signature 5/23/22 Date

APPROVED	<u>Abbie Cristes-Leoni</u>	<u>6-24-22</u>	<u>\$ 2,076.00</u>
	Assigned Judge's Signature	Date	Amount Approved
	If the total of the reimbursement requested for out-of-pocket expenses and that already allowed exceeds \$10,000, the approval of a majority of the judges on the Non-Appropriated Fund Committee is required. Reimbursement in excess of \$15,000 must be approved by four district judges.		
	Chairperson Non-Appropriated Fund	Date	Amount Approved

\$2,000 fees
\$76 expenses